

**MOUNTAIN CREEK COMMUNITY CHURCH  
PERMISSION SLIP  
2008-2009**

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for him to participate in all functions of Mountain Creek Community Church

I give permission to the leaders of Mountain Creek Community Church to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold Mountain Creek Community Church and its leaders blameless for any accidents that might occur during all functions except for clear acts of negligence or non-adherence to guidelines established by Mountain Creek Community Church.

In case of emergency, I can be reached by phone at \_\_\_\_\_  
or \_\_\_\_\_. If I cannot be reached, please contact  
\_\_\_\_\_ at \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Insurance Provider Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Primary Physician & Phone \_\_\_\_\_